

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/623401** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5	2					1
6	1					1
7						1
8	1		1		1	1
9	1		1		1	1
10	1		CANCELED			
11	1		1		1	1
12	1		1		1	1
13	1		1		1	1
14	1		1		1	1
15	1		1		1	1
16	1		1		1	1
17	1		1		1	1
18	2		1		1	1
19	1		1		1	1
20	1		1		1	1
21	1		1		1	1
22	1		1		1	1
23	1		1		1	1
24	1		1		1	1
25	1		1		1	1
26	1		1		1	1
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TOTAL IND.			2		7	
TOTAL DEP.			2923		23	
TOTAL CLAIMS			3121		21	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831